

# LOS ALAMOS SCHOOL OF GYMNASTICS

555 North Mesa Rd., Los Alamos, NM 87544

505-662-9523

<http://lagymnastics.net/>  
[lasg.janecky@gmail.com](mailto:lasg.janecky@gmail.com)

Dear Parents:

We are ready to begin registration for Fall/Winter Sports Camp 2020. Enclosed please find our new COVID-19 Fall/Winter Camp registration packet. How we will actually operate this fall is, of course, yet to be determined. Protocols and schedules are subject to much change, depending on the state of NM Covid-19 requirements and LAPS. We will do everything we can to limit the number of people in the gym at one time, and to keep 6 foot social distancing in effect for at least as long as required by the state of NM, if not longer. We also have sanitizing/cleaning processes defined for the equipment, facility, and supplies. Some particulars you should be aware of include:

**Camp Payment must** be made by Friday of the preceding week, failure to do so could result in loss of spot. Drop-ins are accepted on a space available basis however **a drop-in rate is assessed for time not paid by the preceding Friday.** This will be enforced.

Please bring a computer, earphones, and your child's online requirement schedule (in writing), if your gymnast must be online for regular school classes, we are prepared for supervised homework time. Campers should bring; a mask, sunblock, a hat, closed toe, good walking/sports shoes, a lunch which includes two snacks, and a water bottle **every day!** The water fountain will be available for filling water bottles only, not for drinking from. **If your child fails to come prepared they may be excluded from activity.** (We do have a limited number of hats for \$3, water bottles for \$1, and disposable masks for \$3, if you arrive realizing you have forgotten said item.)

Please show up prior to 8:30 each day. Calling the gym and leaving a message on the answering machine prior to 9 am in case of illness helps us to plan for the day and is appreciated as it keeps us from waiting for your child. However; **Refunds cannot be given** as instructors are hired based on the number of campers signed up. Class at your child's level is included.

We ask that parents drop their children off at the sidewalk, where a teacher will be waiting for them. The teacher will sign them in and make note of any parental comments and instructions on a form. When you show to pick them up please text Loui at (505) 699-0523 and she will have an instructor sign them out and bring your child to the door. Please keep 6 foot distances if multiple parents are at pick-up doors.

The entrance doors will be:

Camp - southeast side door (where the building used to be smashed in)

Team - southwest side door (staff entrance door, careful as you cross vault runway)

Classes - southeast end door (around the corner from where the building was smashed)

The exit doors will be:

Camp - upstairs balcony door east end

Classes - northeast side door (normal parent usage doors)

Team - southwest middle door

**Pick-up is before 6 pm daily.** After that time a late fee of \$5 for every 15 minutes or any portion thereof will be paid immediately to the person who had to wait with your child. **NO EXCEPTIONS!** **Though this is occasionally unavoidable, it greatly inconveniences the staff, who have lives and plans outside the gym also.**

I am sure there will be more communications before we begin and as the school year proceeds.

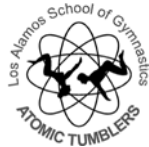
Any problems or questions should be addressed to me as soon as possible. We reserve the right to refuse registration and/or discontinue such to any child who is a behavior or safety problem for the instructors, or whose payment is habitually in arrears.

Thank you for the opportunity to work with your children.

*Louise (Loui) Janecky*

*LASG Program Director & Head Coach, BS (P.E), MA (Ed.)*

*Gym: 662-9523 Cell: 699-0523*



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Loui Janecky (Program Director)

## Planned Initial Fall/Winter AFS/Camp Schedule

- 7:30-8:30 check-in, drop off (Ladder ball, toss across, foosball, ping pong)
- 8:30-9:00 stretching & aerobics
- 9:00-10:00 homework & gymnastics
- 10:00-11:00 gymnastics & homework
- 11:00-11:30 hopscotch, marbles, jump rope, hula hoop, Chinese jump rope, gliders, yoyos, jacks
- 11:30-12:00 playground and lunch
- 12:00-12:30 Rec Sport (scoop ball, velcro catch, horseshoes, paddle ball, frisbee golf, bocce ball & croquet)
- 12:30-1:30 homework (half of AFS/camp) & alternative gymnastics events (half of AFS/camp)
- 12:30-1:30 gymnastics & homework
- 1:30-2:30 homework (half of AFS/camp) & alternative gymnastics events (half of AFS/camp)
- 2:30-3:30 Team Sports (dodgeball, volleyball, soccer, ultimate football, kickball, baseball, tennis, badminton, basketball, mini golf, 4 squares, lacrosse)
- 3:30-4:30 group games & relays
- 4:30-6:00 quiet time, reading, homework, nap, computer games

I have made the schedule such that no more than 2 classes are on the gym floor at one time. I am keeping the camp mostly outside and upstairs while gymnastics classes are in session.

To protect myself as a high-risk senior, I will be coaching from the preschool balcony. Consequently, that balcony will be off limits to the membership. Please feel free to text me with questions, or talk to me from the southwest side door, across the vault runway.

Due to Los Alamos Public Schools scheduling of online requirements, the details of which are unknown at this time, the schedule could be rearranged greatly to allow at least one instructor to be upstairs with online students. However, this "strawman" schedule includes the intended activities.

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Loui Janecky, Program Director

## --- FallWinter Sports Camp 2020---

(Complete a separate registration for each child, please print.)

NAME OF CHILD \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
NAME OF PARENT(S) OR GUARDIANS(S) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### Registration for Fall Sports Camp 2020:

This is a planning document and should be updated weekly.

Payment by the preceding Friday at 6:00 pm is mandatory.

If payment is not received by the preceding Friday your child(ren) will be put into drop in/space available status and those rates will apply.

_____ Aug 24-28	_____ Oct 5-9	_____ Nov 16-20
_____ Aug 29-Sep4	_____ Oct 12-16	_____ Nov 23-24 (Thnksgving)
_____ Sep 7-11	_____ Oct 19-23	_____ Nov 30-Dec 4
_____ Sep 14-18	_____ Oct 26-30	_____ Dec 7-11
_____ Sep 21-25	_____ Nov 2-6	_____ Dec 14-18
_____ Sep 28-Oct 2	_____ Nov 9-13	_____ Dec 21-23 (Winter Brk)

Write days on line. .

Example: M, T, W

### PAYMENT POLICY

A deposit of ONE WEEK'S PAYMENT and annual membership fee is required to hold your child's spot. The \$60 LASG annual membership fee for June 2020-May 2021 is due with deposit, if not already paid

Subsequent payments MUST be made no later than Friday 6 PM for the upcoming week --- NO CREDIT

Prepaid fees are \$45.00 for each Full Day; \$200 for each Full Week;

10% discount for **5 full days a week prepayment only, for second or more children** from the same family.

Drop in (space available, paid during attendance week) fees of:

\$50.00 for Full Day; \$230 for full week

### CONSENT FORM

I hereby give permission for my child to participate in the Los Alamos School of Gymnastics Summer Sports Camp program. I authorize the LASG staff to procure immediate medical and/or hospital aid should she/he become injured or seriously ill, and in the event that I cannot be reached, appropriate aid may be given.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

# LOS ALAMOS SCHOOL OF GYMNASTICS

## Volunteer Form – Fall/Winter 2020

Gymnasts: \_\_\_\_\_ Level: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Work requirements at LASG are 1 hour (or \$25) per session for 1x/week attendance and 2 hours (or \$50) per session for multiple x/week attendance and after school programs. This requirement may be fulfilled by volunteer work assignments or by payment. Work credits are carried on account until used, for an indefinite period of time. Payments for unfulfilled hours are due at the end of each semester. If the job requested is filled, you will be assigned another. **If you are not called by the volunteer coordinator it is your responsibility to talk to the Program Director to obtain a job. All jobs must be approved prior to working to receive credit.**

\_\_\_\_\_ **I wish to pay for my work requirement and be charged each session.**

\_\_\_\_\_ **I wish to volunteer in the following areas** (please check a minimum of two different areas). Hours not worked will be charged at the end of each semester.

### Housekeeping – each session

\_\_\_\_\_ Kitchen – cleaning of refrigerators and microwaves, kitchen sink, counters & floors with disinfectant

\_\_\_\_\_ East Balcony – cleaning bleachers, tables, chairs, and balcony floor with disinfectant

\_\_\_\_\_ Bathrooms – cleaning of bathrooms, fixtures, floors with disinfectant and restock paper prods.

\_\_\_\_\_ Mats – cleaning mats, with disinfectant and sponge mop (cannot be done 9-11am)

\_\_\_\_\_ Vacuum – cleaning gymnastics floor areas and vacuuming (cannot be done 9-11am)

### Maintenance

\_\_\_\_\_ Building and equipment maintenance (Replace light bulbs, fix things etc.)

\_\_\_\_\_ Grounds work, (mowing weed-whacking).

\_\_\_\_\_ Plumbing Work \_\_\_\_\_ Electrical Work \_\_\_\_\_ Work Days

\_\_\_\_\_ Carpentry Work \_\_\_\_\_ Painting

\_\_\_\_\_ Sewing – mat cover mending and replacing

\_\_\_\_\_ I have the following special skill(s) that I am willing to contribute:

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Parents signature \_\_\_\_\_ Date \_\_\_\_\_

# LOS ALAMOS SCHOOL OF GYMNASTICS

## MEDICAL HISTORY FORM – Fall/Winter – 2020

(Complete a separate medical history form for each gymnast. Please print.)

Gymnast's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Father's address \_\_\_\_\_

Mother's address \_\_\_\_\_

Father's home phone \_\_\_\_\_ Mother's home phone \_\_\_\_\_

Father's work phone \_\_\_\_\_ Mother's work phone \_\_\_\_\_

Father's cell phone \_\_\_\_\_ Mother's cell phone \_\_\_\_\_

Family doctor \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

Does the gymnast take any medications? \_\_\_\_ If so, what? \_\_\_\_\_

Does the gymnast wear contacts? \_\_\_\_\_

Does the gymnast have any allergies? \_\_\_\_ If so, what? \_\_\_\_\_

Has the gymnast ever had a broken bone? \_\_\_\_ If so, what? \_\_\_\_\_

Does the gymnast have any illness or condition that the coaches should be aware of?  
(For example, scoliosis, asthma, epilepsy, diabetes, heart murmur, ADHD, autism)

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### CONSENT FORM

I hereby give permission for my daughter/son/ward to participate in the Los Alamos School of Gymnastics program. I assure that she/he is in satisfactory health to participate in strenuous activity or I will not send her/him to camp. I authorize the LASG staff to procure immediate medical and/or hospital aid should she/he become injured or seriously ill, and in the event that I cannot be reached, appropriate aid may be given. I further accept the responsibility to update this form when needed.

\_\_\_\_\_  
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)      DATE

# USA GYMNASTICS

## MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

In CONSIDERATION of membership in the USA Gymnastics, hereinafter referred to as the "USAG", and being allowed to participate in USAG events and/or member club activities, the parent(s) and/or legal guardian(s) of the minor participant named below agreed:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any USAG and/or member club activity or event and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all USAG Gymnastics Safety Guidelines.
3. I/we fully understand and will instruct the minor participant that:
  - a. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
  - b. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
  - c. These risks and dangers may be caused by the negligence of the participant or the negligence of others;  
and
  - d. There may be other risks not known to us or not reasonably foreseeable at this time.
4. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of the USAG, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents, and employees.
5. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the USAG and/or its member clubs

I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)                      DATE

\_\_\_\_\_  
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)                      DATE

\_\_\_\_\_  
WITNESS

Printed Name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

Member Institution \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

**All participants must have a signed copy of this form on file for insurance purposes!**

## COVID-19 Medical Release Form

Los Alamos School of Gymnastics programs are operating in a social distancing environment but even with best efforts and intentions there will be times when the children will breach the prescribed (currently 6') distancing recommendation, and incidental contact may occur.

In addition, our teaching and coaching staff will spot (physically assist) when the circumstances require it. Spotting our students and athletes is often necessary to teach skills safely, to help athletes perform skills correctly, and to prevent injury.

Direct assistance will also be provided in the event of an injury.

I understand and agree that spotting will be part of the learning process at Los Alamos School of Gymnastics and I agree to permit my child's teacher and/or coach to physically assist my child when needed.

## COVID-19 Wellness Form

I understand that no one is allowed into the facility that has exhibited COVID-19 symptoms within the last 48 hours.

I understand that no one is allowed into the facility that has someone living in their household that has symptoms or had a positive test for COVID-19, until after the mandatory 14-day quarantine period.

I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

Printed Name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

**All participants must have a signed copy of this form on file for insurance purposes!**